

FILED JAN 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41712

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>5914</u>		Registrar's No. <u>85</u>			
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brazeau</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brazeau</u> <u>0790</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>6</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Phillip</u>		b. (Middle) <u>G.</u>		c. (Last) <u>Weinhold</u>			
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>2</u>		(Year) <u>1950</u>			
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>1</u>		8. DATE OF BIRTH <u>Feb. 2 1866</u>			
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 1 YEAR Hours <u>  </u> Min. <u>  </u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Perry Co. Mo.</u> <u>0</u>			
13a. FATHER'S NAME <u>William G. Weinhold</u>				13b. MOTHER'S MAIDEN NAME <u>Amelia Lintner</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Bock Weinhold</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Martha Weinhold Brazeau Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>  </u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  331X				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>10 days per</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Oct. 16, 1948</u> , to <u>Dec. 2nd, 1950</u> , that I last saw the deceased alive on <u>Dec. 2nd, 1950</u> , and that death occurred at <u>  </u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Theodore Fischer M.D.</u>				23b. ADDRESS <u>Altensburg Mo</u>		23c. DATE SIGNED <u>12-7-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 5 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Frohna Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec 7-1950</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zollner</u> <u>250</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young &amp; Sons Perryville Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 9 1951

DISTRICT HEALTH OFFICE No.

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.

Signed.....  
Student Embalmer

Signed

*Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address

*Perryville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.